



2009 CPT & HCPCS Level II Updates & Billing Impacts

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Note:

Coding and Billing are
Connected



Objectives



- Receive an overview of new, updated and deleted CPT® & HCPCS (Healthcare Common Procedure Coding System) Level II codes
- Be able to share this information with other staff (ie. coders & billers)



2009 New CPT Codes



- CMS implements new Category I and III CPT codes and new Level II HCPCS annually.
- Codes are released to the public in the summer and through the fall taking effect on 1 January.
- CMS uses Level I and Level II HCPCS codes and descriptors to identify and group the services within each APC (Ambulatory Payment Classifications)



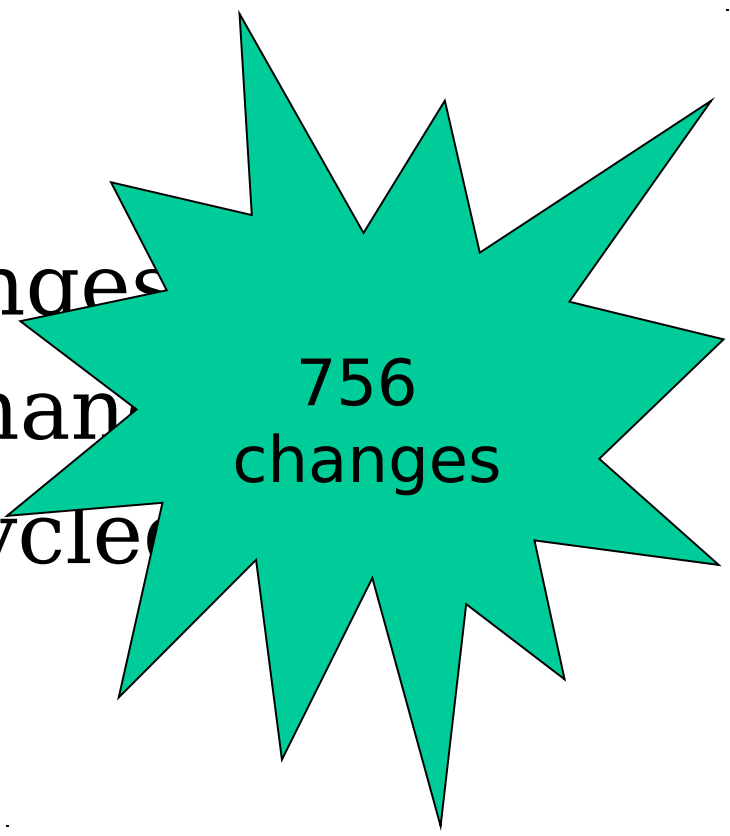
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Overview of 2009 CPT Changes



- 152 New Codes
- 99 Deletions
- 174 Descriptor Changes
- 329 Grammatical Changes
- 2 Reinstated/Recycled

A large, multi-pointed green starburst graphic with a black outline, containing the text "756 changes".

756
changes



Category I Breakdown of 2009 Changes



	Section	New Codes	Deletions	Descriptor Changes	Grammatical Changes	Totals
EM Codes	99201-99499	17	15	18	0	50
Anesthesia	00100-01999	2	0	2	1	5
Integumentary	10021-19999	0	0	31	2	33
Respiratory Cardiology	30000-39999	5	0	1	1	7
Musculoskeletal	20000-29999	7	2	11	13	33
Digestive	40490-49999	11	3	2	1	17
Urinary Genital (M/F)	50010-59999	1	5	4	2	12
Nervous Eye & Ocular	60000-69999	12	1	11	34	58
Radiology	70010-79999	4	6	1	78	89
Laboratory	80047-89356	7	1	20	11	39
Medicine	90281-99607	67	37	22	36	162
	TOTALS	133	70	123	179	505



Evaluation & Management



Neonatal and Pediatric Critical Care

Additions:

- **99460** Initial hospital or birthing center care, per day, for E/M of normal newborn infant
- **99461** Initial care, per day, for E/M of normal newborn infant seen in other than hospital or birthing center
- **99462** Subsequent hospital care, per day, for E/M of normal newborn
- **99463** Initial hospital or birthing center care, per day, for E/M of normal newborn infant admitted and discharged on the same day.



Evaluation & Management Neonatal and Pediatric Critical Care



Additions cont:

- **99464** Attendance at delivery (when requested by the delivering physician) and initial stabilization of newborn
- **99465** Delivery/birthing room resuscitation, provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output
- **99466** Critical care services delivered by a physician, face-to-face, during an inter-facility transport of critically ill or critically injured pediatric patient, 24 months of age or less; first 30-74 minutes of hands-on care during transport



Evaluation & Management



Neonatal and Pediatric Critical Care

Additions cont:

- **+99467** each additional 30 minutes (List separately in addition to code for primary service)
- **99468** Initial inpatient neonatal critical care, per day, for the E/M of a critically ill neonate, 28 days of age or less
- **99469** Subsequent inpatient neonatal critical care, per day, for the E/M of a critically ill neonate, 28 days of age or less
- **99471** Initial inpatient pediatric critical care, per day, for the E/M of a critically ill infant or young child, 29 days through 24 months of age



Evaluation & Management



Neonatal and Pediatric Critical Care

Additions cont:

- **99472** Subsequent inpatient neonatal critical care, per day, for the E/M of a critically ill infant or young child, 29 days through 24 months of age
- **99475** Initial inpatient pediatric critical care, per day, for the E/M of a critically ill infant or young child, 2-5 years of age
- **99476** Subsequent inpatient neonatal critical care, per day, for the E/M of a critically ill infant or young child, 2-5 years of age



Evaluation & Management Neonatal and Pediatric Critical Care

Additions cont:

- **99478** Subsequent intensive care, per day, for the E/M of the recovering very low birth weight infant (present body weight <1500 grams)
- **99479** Subsequent intensive care, per day, for the E/M of the recovering very low birth weight infant (present body weight of 1500-2500 grams)
- **99480** Subsequent intensive care, per day, for the E/M of the recovering very low birth weight infant (present body weight of 2501-5000 grams)



Evaluation & Management



Deletions

- **99289** (crosswalk 99466)
- **99290** (" 99467)
- **99293** (" 99471)
- **99294** (" 99472)
- **99295** (" 99468)
- **99296** (" 99469)
- **99298** (" 99478)
- **99299** (" 99479)
- **99300** (crosswalk 99480)
- **99431** (" 99460)
- **99432** (" 99461)
- **99433** (" 99462)
- **99435** (" 99463)
- **99436** (" 99464)
- **99440** (" 99465)



Evaluation & Management Descriptor Changes



- The examples are removed from
+99354 - +99357
(+99354, +99355, +99356, +99357)
- The term “appropriate immunization(s)” was removed from the list of orders for the following codes:
99381, 99382, 99383, 99384, 99385, 99386,
99387, 99391, 99392, 99393, 99394, 99395,
99396, and 99397



Musculoskeletal System



Additions

- **20696** Application of multiplane (pins or wires in more than one plane), unilateral, external fixation w/stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; initial and subsequent alignment[s], assessment[s], and computation[s], of adjustment schedule[s]
- **20697** Application of multiplane (pins or wires in more than one plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; exchange (ie, removal and replacement) of strut, each



Musculoskeletal System



Additions

- **22856** Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection), single interspace, cervical
- **22861** Revision including replacement of total disc arthroplasty (artificial disc) anterior approach, single interspace; cervical
- **22684** Removal of total disc, arthroplasty (artificial disc), anterior approach, single interspace; cervical



Musculoskeletal System



Additions cont:

- **27027** Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle), unilateral
- **27057** Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle) with debridement of nonviable muscle, unilateral



Musculoskeletal System



Deletions

- **20986** (crosswalk 0054T, 0055T)
- **20987** (crosswalk 0054T, 0055T)



Musculoskeletal System Descriptor Changes

- **12056**
- **12057**
- **+15003**
- **+15005**
- **+15021**
- **+15221**
- **+15241**
- **+15261**
- **+15341**
 - For codes 15003, 15005, 15021, 15221, 15241, 15261 and 15341, the term "or part thereof" has been added.
- **19296**
- **+19297**
 - For codes 19296 and +19297 the term "balloon catheter" was changed to "expandable catheter (single or multichannel)"



Musculoskeletal System Descriptor Changes

• **+20985**
cont. **22857**

- **22862**
- **22865**

- Codes 22857, 22862, & 22865 had changes due to addition of new codes, but without changes to the actual code descriptions

- **23585**
- **27215**
- **27216**
- **27217**
- **27218**

- Codes 27215-27218 changed to include terminology concerning fracture patterns of the pelvic bone

- **27396**
- **27397**

- Codes 27396 & 27397 had addition of the term "or transfer (with muscle redirection or rerouting)" and change from "hamstring tendon to patella" to "thigh (eg, extensor or flexor)"



Cardiovascular System



Additions:

Bypass Graft Vein:

- **35535** Bypass graft, with vein; hepatorenal
- **35570** Bypass graft, with vein; tibial-tibial, peroneal-tibial, or tibial/peroneal trunk-tibial

Bypass Graft Other Than Vein:

- **35632** Bypass graft, with other than vein; ilio-celiac
- **35633** Bypass graft, with other than vein; ilio-mesenteric
- **35634** Bypass graft, with other than vein; iliorenal



Cardiovascular System



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- **35634** Bypass graft, with other than vein; iliorenal

Descriptor Change:

- **+34806**

This code was changed to an add-on code



Digestive System



Additions:

- **41512** Tongue base suspension, permanent suture technique
- **41530** Submucosal ablation of the tongue base, radiofrequency, one or more sites, per session
- **+43273** Endoscopic cannulation of papilla with direct visualization of common bile duct(s) and/or pancreatic duct(s) (List separately in addition to code(s) for primary procedure)
- **43279** Laparoscopy, surgical, esophagomyotomy (Heller type), w/fundoplasty, when performed
- **46930** Destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofrequency)



Digestive System



Additions cont:

- **49652** Laparoscopy. Surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible
- **49653** Laparoscopy, Surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated
- **49654** Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed): reducible
- **49655** Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated

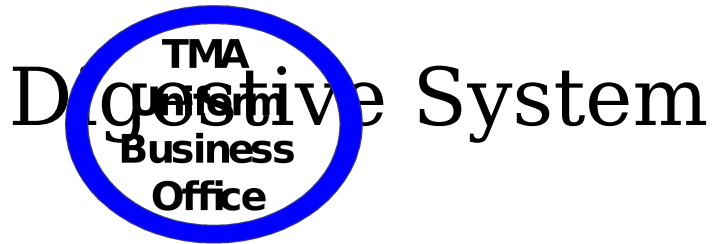


Digestive System



Additions cont:

- **49656** Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible
- **49657** Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated



- **46934** (see 46083, 46930, 46999, 46250-46262, 46320, 46500, 46221, 46945, 46946, 46947)
- **46935** (see 46083, 46930, 46999, 46250-46262, 46320, 46500, 46221, 46945, 46946, 46947)
- **46936** (see 46083, 46930, 46999, 46250-46262, 46320, 46500, 46221, 46945, 46946, 46947)

Digestive System



Descriptor Changes

- **43460**
- **+49568**
 - Code 43460 had a spelling correction and
 - Code 49568 had the term “open” added



Urinary System



Addition:

- **55706** Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance
 - This code was previously reported with a Category III code



Deletions

- **52606** (crosswalk 52214)
- **52612** (crosswalk 52601, 52630)
- **52614** (crosswalk 52601, 52630)
- **52620** (crosswalk 52601, 52630)
- **53853** (crosswalk 55899)

Uniform System



Descriptor Changes

- **52630**
 - Was changed to transurethral approach, had the term “longer than one year postoperative” removed, and a list of included additional procedures added **57400**
- **57410**
- **57415**
 - 57400-57415 had the term “other than local” added to distinguish the included anesthesia



Nervous System



Additions:

Stereotactic Radiosurgery (Cranial):

- **61796** Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion
- **+61797** Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)
- **61798** Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex lesion
- **+61799** Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)
- **+61800** Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)



Nervous System



Additions cont:

Stereotactic Radiosurgery (Spinal)

- **63620** Stereotactic Radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion
- **+63621** Stereotactic Radiosurgery (particle beam, gamma ray, or linear accelerator); each additional lesion (List separately in addition to code for primary procedure)



Nervous System



Additions cont:

Spine and Spinal Cord:

- **62267** Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes

Extra Cranial Nerves, Peripheral Nerves, and Autonomic Nervous System:

- **64455** Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)
- **64632** Destruction by neurolytic agent; plantar common digital nerve



Nervous Systems Deletions



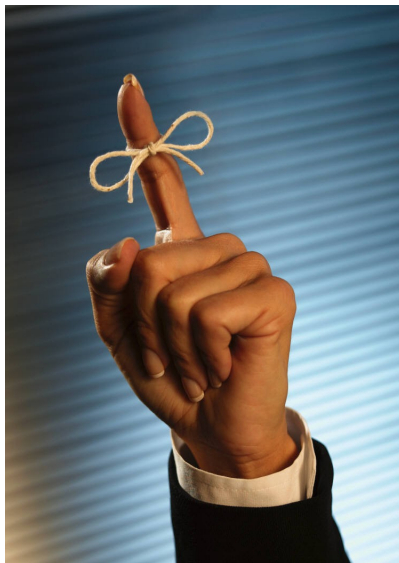
- **61793** (crosswalk to 61796-61800, 63620-63621)



Nervous System Descriptor Changes



- **62287**
 - For code 62287, the term “aspiration” was removed
- **63020**
- **63030**
- **+63035**
 - For code +63035, the term “including open and endoscopically-assisted approaches” added
- **64416**
- **64446**
- **64448**
- **64449**
 - For the code 64449, the terminology referring to the daily management removed



REMEMBER:

**Coding and Billing are
Connected**



Eye and Ocular Adnexa



Additions:

Anterior segment

- **65756** Keratoplasty (corneal transplant); endothelial
- **+65757** Backbench preparation of corneal endothelial allograft prior to transplantation (List separately in addition to code for primary procedure)



Eye and Ocular Adnexa Descriptor Changes



- **65710**
 - The term “anterior” was added
- **65730**
 - The term “pseudophakia” was added



Radiology

Additions:

Clinical Brachytherapy

- **77785** Remote afterloading high dose rate radionuclide brachytherapy; 1 channel
- **77786** Remote afterloading high dose rate radionuclide brachytherapy; 2-12 channels
- **77787** Remote afterloading high dose rate radionuclide brachytherapy; over 12 channels

Nuclear Medicine (Diagnostic)

- **78808** Injection procedure for radiopharmaceutical localization by non-imaging probe study, intravenous (eg. Parathyroid adenoma)



Radiology



Deletions

- **77781** (crosswalk to 77785-77786 for more specificity)
- **77782** (crosswalk to 77785-77787 for more specificity)
- **77783** (crosswalk to 77785-77787 for more specificity)
- **77784** (crosswalk to 77785-77787 for more specificity)
- **78890** (no reference code given)
- **78891** (no reference code given)



Radiology Descriptor Changes



- **74270**
 - The term “contrast” was added to this code



Pathology & Laboratory



Additions:

Chemistry

- **83876** Myeloperoxidase (MPO)
- **83951** Oncoprotein; des-gamma-carboxy-prothrombin (DCP)

Hematology and Coagulation

- **85397** Coagulation & fibrinolysis, functional activity, not otherwise specified (eg, ADAMTS-13), each analyte



Pathology & Laboratory



Additions cont:

Microbiology

- **87905** Infectious agent enzymatic activity other than virus (eg, sialidase activity in vaginal fluid)

N Vivo (eg, Transcutaneous) Laboratory Procedures

- **88720** Bilirubin, total, transcutaneous
- **88740** Hemoglobin, quantitative, transcutaneous; per day; carboxyhemoglobin
- **88741** Hemoglobin, quantitative, transcutaneous, per day; methamoglobin



Pathology & Laboratory Deletion



- **88400** (crosswalk to 88720)



Pathology & Laboratory Descriptor Changes



- **80048**
- **80053**
- **80069**
- **82040**
- **82375**
- **82376**
- **83890**
- **83891**
- **83892**
- **83893**
- **83894**
- **83897**
- **83907**
- **83909**
- **83925**
- **84132**
- **84155**
- **84295**
- **87810**



Medicine



Additions:

Vaccines/Toxoids

- **90650** Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for intramuscular use
- **90681** Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use
- **90696** Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTap-IPV), when administered to children 4 through 6 years of age, for intramuscular use
- **90738** Japanese encephalitis virus vaccine, inactivated, for intramuscular use



Medicine



Additions:

End-Stage Renal Disease Services

- **90951** End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face physician visits per month
- **90952** with 2 to 5 face-to-face visits physician visits per month
- **90953** with 1 face-to-face physician visit per month



Medicine



Additions cont:

End-Stage Renal Disease Services cont.

- **90954** End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face physician visits per month
- **90955** with 2-3 face-to-face visits physician visits per month
- **90956** with 1 face-to-face physician visit per month



Medicine



Additions cont:

End-Stage Renal Disease Services cont.

- **90957** End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face physician visits per month
- **90958** with 2-3 face-to-face visits physician visits per month
- **90959** with 1 face-to-face physician visit per month



Medicine



Additions cont:

End-Stage Renal Disease Services cont.

- **90960** End-stage renal disease (ESRD) related services monthly, for patients 20 years of age or older; with 4 or more face-to-face physician visits per month
- **90961** with 2-3 face-to-face visits physician visits per month
- **90962** with 1 face-to-face physician visits per month
- **90963** End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents



Medicine



Additions cont:

End-Stage Renal Disease Services cont.

- **90964** End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
- **90965** End-stage renal disease (ESRD) related services for home dialysis per full month, for patient 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
- **90966** End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age or older



Medicine



Additions cont:

End-Stage Renal Disease Services cont.

- **90967** End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age
- **90968** End-stage renal disease (ESRC) related services for dialysis less than a full month of service per day; for patients 2-11 years of age
- **90969** End-stage renal disease (ESRC) related services for dialysis less than a full month of service per day; for patients 12-19 years of age
- **90970** End-stage renal disease (ESRC) related services for dialysis less than a full month of service per day; for patients 20 years of age or older



Medicine



Additions:

Cardiography

- **93228** Wearable mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; physician review and interpretation with report
- **93229** Wearable mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and physician prescribed transmission of daily and emergent data reports.



Medicine



Additions:

Cardiovascular Device Monitoring – Implantable & Wearable Devices

- **93279** Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; single lead pacemaker system.
- **93280** dual lead pacemaker system
- **93281** multiple lead pacemaker system
- **93282** single lead implantable cardioverter-defibrillator system
- **93283** dual lead implantable cardioverter-defibrillator system
- **93284** multiple lead implantable cardioverter-defibrillator system
- **93285** implantable loop recorder system



Medicine



Additions cont:

Cardiovascular Device Monitoring – Implantable & Wearable Devices (continued)

- **93286** Peri-procedural device evaluation and programming of device system parameters before or after a surgery, procedure, or test with physician analysis, review and report; single; dual, or multiple lead pacemaker system
- **93287** Single, dual, or multiple lead implantable cardioverter-defibrillator system
- **93288** Interrogation device evaluation (in person) with physician analysis; review and report, includes connection, recording and disconnection per patient encounter; single, dial, or multiple lead pacemaker system



Medicine



Additions cont:

Cardiovascular Device Monitoring – Implantable & Wearable Devices (continued)

- **93289** Single, dual, or multiple lead implantable cardioverter-defibrillator system, including analysis of heart rhythm derived data elements
- **93290** Implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors
- **93291** Implantable loop recorder system, including heart rhythm derived data analysis
- **93292** Wearable defibrillator System



Medicine



Additions cont:

Cardiovascular Device Monitoring - Implantable & Wearable Devices
(continued)

- **93293** Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with physician analysis, review and report(s), up to 90 days.
- **93294** Interrogation device evaluation(s) (remote); up to 90 days; single, dual, or multiple lead pacemaker system with interim physician analysis, review(s) and report(s)
- **93295** Single, dual, or multiple lead implantable cardioverter-defibrillator system with interim physician analysis, review(s) and report(s)
- **93296** Single, dual, or multiple lead implantable cardioverter-defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results



Medicine



Additions cont:

Cardiovascular Device Monitoring - Implantable & Wearable Devices
(continued)

- **93297** Interrogation device evaluation(s) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, physician analysis, review(s) and report(s)
- **93298** Implantable loop recorder system, including analysis of recorded heart rhythm data, physician analysis, review(s) and report(s)
- **93299** Implantable cardiovascular monitor system or implantable loop recorder system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results



Medicine



Additions:

Echocardiography

- **93306** Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler Echocardiography, and with color flow Doppler echocardiography
- **93351** Echocardiography, transthoracic, real-time with image documentation (2D) includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous eletrocardiographic monitoring, with physician supervision
- **+93352** Use of echocardiographic contrast agent during stress echocardiography (List separately in addition to code for primary procedure)



Medicine



Additions:

Neurology and Neuromuscular Procedures

- **95803** Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)
- **95992** Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day



Medicine



Additions:

Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other highly complex Drug or highly Complex biologic Agent Administration

- **96360** Intravenous infusion, hydration; initial, 31 minutes to 1 hour
- **+96361** each additional hour (List separately in addition to code for primary procedure)
- **96365** Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
- **+96366** Each additional hour (List separately in addition to code for primary procedure)
- **+96367** Additional sequential infusion, up to 1 hour (List separately in addition to code for primary procedure)
- **+96368** Concurrent infusion (List separately in addition to code for primary procedure)



Medicine



Additions cont:

Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other highly complex Drug or highly Complex biologic Agent Administration (continued)

- **96369** Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and establishment of subcutaneous infusion site(s)
- **+96370** Each additional 1 hour (List separately in addition to code for primary procedure)
- **+96371** Additional pump set-up with establishment of new subcutaneous infusion site(s) (List separately in addition to code for primary procedure)
- **96372** Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular



Medicine



Additions cont:

Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other highly complex Drug or highly Complex biologic Agent Administration (continued)

- **96373** Intra-arterial
- **96374** Intravenous push, single or initial substance/drug
- **+96375** Each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)
- **+96376** Each additional sequential intravenous push of the same substance/drug provided in a facility (List separately in addition to code for primary procedure)
- **96379** Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion



Medicine

- **90760** (crosswalk 96360)
- **90761** (" 96361)
- **90765** (" 96365)
- **90766** (" 96366)
- **90767** (" 96367)
- **90768** (" 96368)
- **90769** (" 96369)
- **90770** (" 96370)
- **90771** (" 96371)
- **90772** (" 96372)
- **90773** (" 96373)



Deletions

- **90774** (crosswalk 96374)
- **90775** (" 96375)
- **90776** (" 96376)
- **90779** (" 96379)
- **90918** (see 90951-90953, 90963, 90967)
- **90919** (see 90954-90956, 90964, 90968)
- **90920** (see 90957-90959, 90965, 90969)
- **90921** (see 90960-90962, 90966, 90970)



Medicine



Deletions

Deletions cont:

- **90922** (crosswalk 90951-90953, 90963, 90967)
- **90923** (" 90954-90956, 90964, 90968)
- **90924** (" 90957-90959, 90965, 90969)
- **90925** (" 90960-90962, 90966, 90970)
- **91100**
- **93727** (" 93285, 93291, 93298)
- **93731, 93732** (" 93288, 93294, 93280)
- **93733** (crosswalk 93293)
- **93734** (" 93288, 93294, 93279)
- **93735** (" 93288, 93294, 93279)
- **93736** (" 93293)
- **93741** (" 93282, 93292)
- **93742** (" 93282, 93292)
- **93743, 93744** (" 93289, 93295, 93283)
- **93760, 93762** (no reference code given)



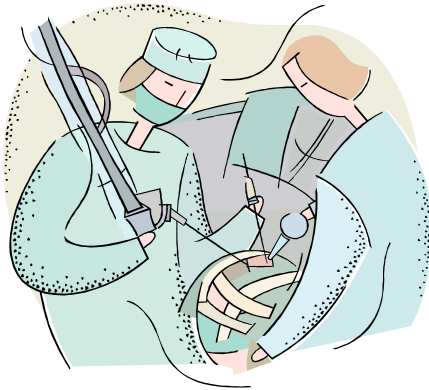
Medicine Descriptor Changes



- **90698**
- **93224**
- **93225**
- **93226**
- **93227**
- **93230**
- **93231**
- **93232**
- **93233**
- **93235**
- **93236**
- **93237**
- **93268**
- **93270**
- **93271**
- **93272**
- **93307**
- **99308**
- **93350**
- **95010**
- **95015**
- **95250**
- **95251**



Inpatient Only



The inpatient list specifies those services that are only paid when provided in an inpatient setting because of the nature of the procedure.

Criteria used to determine if the procedure is "IP Only":

- The underlying physical condition of the patient
- The need for at least 24 hours of postoperative recovery time or monitoring before the patient can be safely discharged.



Who Makes Inpatient Procedure Changes?



- CMS determines that Inpatient Only procedures may need a status change to allow them to be performed in the outpatient setting. The following criteria is used to determine Inpatient Only Status:
 - The procedure is being performed in numerous hospitals on an outpatient basis
 - It has been determined the procedure can be appropriately and safely performed in an ASC
 - A person or entity has proposed a procedure on the Inpatient only list to become an addition to the ASC (Ambulatory Surgical Centers) list



Inpatient Only Procedures



List of Additions:

- **0062T** Percutaneous intradiscal annuloplasty, any method, except electrothermal, unilateral or bilateral including fluoroscopic guidance; single level
- **+0063T** One or more additional levels (List separately in addition to 0062T for primary procedure)
- **22526** Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level
- **+22527** one or more additional levels (List separately in addition to code for primary procedure)
- **22856** (new code) Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection), single interspace, cervical



Inpatient Only Procedure



List of Additions cont:

- **22861** (new code) Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical
- **22864** (new code) Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical
- **27027** (new code) Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle), unilateral
- **27057** (new code) Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle), with debridement of nonviable muscle, unilateral



Inpatient Only Procedures



List of Additions cont:

- **35535** (new code) Bypass graft, with vein; hepatorenal
- **35570** (new code) tibial-tibial, peroneal-tibial, or tibial/peroneal trunk-tibial
- **35632** (new code) Bypass graft, with other than vein; ilio-celiac
- **35633** (new code) ilio-mesenteric
- **35634** (new code) iliorenal
- **41512** (new code) Tongue base suspension, permanent suture technique
- **43279** (new code) Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed



Inpatient Only Procedures



List of Deletions:

- **15170** Acellular dermal replacement, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children
- **+15171** each additional 100 sq cm or less, or 1 % of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
- **15175** Acellular dermal replacement, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children
- **+15176** each additional 100 sq cm or less, or 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)



Inpatient Only Procedures



List of Deletions cont:

- **34490** Thrombectomy, direct or with catheter; axillary and subclavian vein, by arm incision
- **36455** Exchange transfusion, blood; other than newborn
- **49324** Laparoscopy, surgical; with insertion of intraperitoneal cannula or catheter, permanent
- **49325** with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material if performed
- **+49326** with omentopexy (omental tacking procedure) (List in separately in addition to code for primary procedure)



Inpatient Only Procedures



List of Deletions cont:

- **+62160** Neuroendoscopy, intracranial, for placement or replacement of ventricular catheter and attachment to shunt system or external drainage (List separately in addition to code for primary procedure)
- **64448** Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement)
- **64449** lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)



Modifier Change



- - **21** has been deleted
 - To report prolonged physician services. Coders should review the guidelines in the E/M section when reporting 99354-99357





Device Intensive Additions



- **24361** Arthroplasty, elbow; with distal humeral prosthetic replacement
- **24363** with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)
- **24366** Arthroplasty, radial head; with implant
- **25441** Arthroplasty with prosthetic replacement; distal radius
- **25442** distal ulna
- **27446** Arthroplasty, knee, condyle and plateau; medial OR lateral compartment



Device Intensive Additions



List of Additions cont:

- 65770 Keratoprosthesis
- 69714 Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy
- 69715 with mastoidectomy
- 69717 Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy
- 69718 with mastoidectomy



Device Intensive Deletions



- **33210** Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure)
- **33211** Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure)
- **33216** Insertion of a transvenous electrode; single chamber (one electrode) permanent pacemaker or single chamber pacing cardioverter-defibrillator
- **33217** dual chamber (two electrodes) permanent pacemaker or dual chamber pacing cardioverter-defibrillator
- **36566** Insertion of tunneled centrally inserted central venous access device, requiring two catheters via two separate venous access sites; with subcutaneous port(s)



New HCPCS Codes - 2009



- | | | | |
|---------|-------|---------|-------|
| • A6545 | C9898 | • E1357 | G0406 |
| • A9284 | C9899 | • E1358 | G0407 |
| • A9580 | D0417 | • E2230 | G0408 |
| • C8929 | D0418 | • E2231 | G0409 |
| • C8930 | D3222 | • E2295 | G0410 |
| • C9245 | D5991 | • G0398 | G0411 |
| • C9246 | E0487 | • G0399 | G0412 |
| • C9247 | E0656 | • G0400 | G0413 |
| • C9248 | E0657 | • G0402 | G0414 |
| • C9356 | E0770 | • G0403 | G0415 |
| • C9358 | E1354 | • G0404 | G0416 |
| • C9359 | E1356 | • G0405 | G0417 |



New HCPCS Codes - 2009

Continued



- | | | | |
|---------|-------|---------|-------|
| • G0418 | G8495 | • G8507 | G8519 |
| • G0419 | G8496 | • G8508 | G8520 |
| • G8485 | G8497 | • G8509 | G8521 |
| • G8486 | G8498 | • G8510 | G8522 |
| • G8487 | G8499 | • G8511 | G8523 |
| • G8488 | G8500 | • G8512 | G8524 |
| • G8489 | G8501 | • G8513 | G8525 |
| • G8490 | G8502 | • G8514 | G8526 |
| • G8491 | G8503 | • G8515 | G8527 |
| • G8492 | G8504 | • G8516 | G8528 |
| • G8493 | G8505 | • G8517 | G8529 |
| • G8494 | G8506 | • G8518 | G8530 |



New HCPCS Codes - 2009

Continued



- | | | | |
|---------|-------|---------|-------|
| • G8531 | G8543 | • J7606 | L6722 |
| • G8532 | G8544 | • J8705 | L8604 |
| • G8533 | J0641 | • J9033 | Q4100 |
| • G8534 | J1267 | • J9207 | Q4101 |
| • G8535 | J1453 | • J9330 | Q4102 |
| • G8536 | J1459 | • K0672 | Q4103 |
| • G8537 | J1930 | • L0113 | Q4104 |
| • G8538 | J1953 | • L6711 | Q4105 |
| • G8539 | J2785 | • L6712 | Q4106 |
| • G8540 | J3101 | • L6713 | Q4107 |
| • G8541 | J3300 | • L6714 | Q4108 |
| • G8542 | J7186 | • L6721 | Q4109 |



New HCPCS Codes – 2009

Continued



- Q4110
- Q4111
- Q4112
- Q4114
- S2118
- S2270
- S3628
- S3711
- S3860
- S3861
- S3862
- S9433

• Changed Codes:

- | | |
|---------|-------|
| • A6010 | A6204 |
| • A6011 | A6205 |
| • A6021 | A6206 |
| • A6022 | A6207 |
| • A6023 | A6208 |
| • A6024 | A6209 |
| • A6196 | A6210 |
| • A6197 | A6211 |
| • A6198 | A6212 |
| • A6199 | A6213 |
| • A6203 | A6214 |



HCPCS Changed Codes – 20

Continued



- | | | | |
|---------|-------|---------|-------|
| • A6215 | A6233 | • A6245 | A6259 |
| • A6219 | A6234 | • A6246 | A6260 |
| • A6220 | A6235 | • A6247 | A6261 |
| • A6221 | A6236 | • A6248 | A6262 |
| • A6222 | A6237 | • A6251 | A6266 |
| • A6223 | A6238 | • A6252 | A6407 |
| • A6224 | A6239 | • A6253 | A9502 |
| • A6228 | A6240 | • A6254 | C8921 |
| • A6229 | A6241 | • A6255 | C8922 |
| • A6230 | A6242 | • A6256 | C8923 |
| • A6231 | A6243 | • A6257 | C8924 |
| • A6232 | A6244 | • A6258 | C8925 |



HCPCS Changed Codes - 20

Continued



- | | | | |
|---------|-------|---------|-------|
| • C8927 | D4260 | • G8420 | G8447 |
| • C8928 | D4261 | • G8427 | G8448 |
| • D0486 | D5211 | • G8428 | G8457 |
| • D1203 | D5212 | • G8429 | G8485 |
| • D1204 | E0764 | • G8430 | G8486 |
| • D3310 | G0129 | • G8431 | G8487 |
| • D3320 | G0248 | • G8433 | J0270 |
| • D3330 | G0250 | • G8437 | J0348 |
| • D4210 | G0275 | • G8438 | J1572 |
| • D4211 | G8417 | • G8439 | J2788 |
| • D4240 | G8418 | • G8440 | J2790 |
| • D4241 | G8419 | • G8446 | J3301 |



HCPCS Changed Codes – 20

Continued



- | | | | |
|---------|-------|---------|-------|
| • J7639 | J9110 | • J9206 | J9270 |
| • J9000 | J9120 | • J9208 | J9300 |
| • J9001 | J9150 | • J9209 | J9310 |
| • J9010 | J9151 | • J9211 | J9320 |
| • J9015 | J9160 | • J9213 | J9340 |
| • J9017 | J9165 | • J9214 | J9350 |
| • J9020 | J9170 | • J9215 | J9355 |
| • J9040 | J9181 | • J9216 | J9357 |
| • J9045 | J9185 | • J9230 | J9360 |
| • J9050 | J9190 | • J9265 | J9390 |
| • J9098 | J9200 | • J9266 | J9600 |
| • J9100 | J9201 | • J9268 | K0669 |



HCPCS Changed Codes and Deleted Codes – 2009

Continued



- K0899 L8681
- L3905 L8689
- L4360 L8695

• Deleted Codes:

- C9003 J7344
- G0300 J9182
- G0314 L7612
- G0321 S2075
- G0332 C9237
- J1751 G0308

• Deleted Codes cont.

- G0315 G0323
- G0322 G0366
- G0344 J3100
- J1752 J7347
- J7346 L3890
- L2860 L7614
- L7613 S2077
- S2076 C9239
- C9238 G0310
- G0309 G0317
- G0316 G0324



HCPCS

Deleted Codes – 2009

Continued



- **Deleted Codes** cont.

- | | | |
|---------|-------|---------|
| • G0367 | J7349 | • S0141 |
| • J7340 | L5994 | • G0297 |
| • J7348 | L7622 | • G0313 |
| • L5993 | S9092 | • G0320 |
| • L7621 | C9723 | • G0327 |
| • S2135 | G0312 | • G0394 |
| • C9240 | G0319 | • J7343 |
| • G0311 | G0326 | • J7603 |
| • G0318 | G0377 | • L7611 |
| • G0325 | J7342 | • S0143 |
| • G0368 | J7602 | |
| • J7341 | J5995 | |



HCPCS

Reinstated Codes – 2009



Reinstated codes:

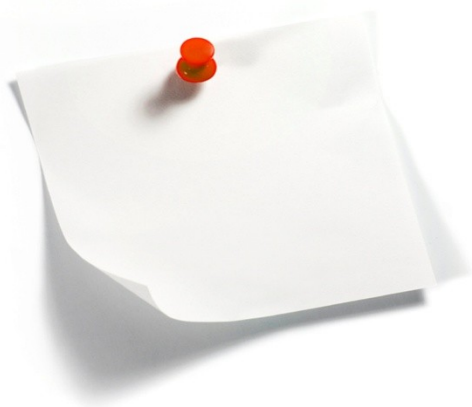
- **J7611** Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, 1 mg.
- **J7612** Levalbuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, 0.5 mg.
- **J7613** Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 1 mg.
- **J7614** Levalbuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 0.5 mg.



Summary



Please share these updates with
other billers and coders at your
facility



MEMBER:

Coding and Billing are Connected

Questions ?





References

- <http://edocket.access.gpo.gov/2008/pdf/E8-26212.pdf>
(OPPS Final Rule Federal Register)
- American Medical Association, CPT 2009
- <http://www.cms.hhs.gov>
- <http://en.wikipedia.org>
- [http://www.tricare.mil/ocfo/_docs/T-1-1110%202007%20CPT%20Changes-WEB.ppt#272,2,Objective 1](http://www.tricare.mil/ocfo/_docs/T-1-1110%202007%20CPT%20Changes-WEB.ppt#272,2,Objective%201)
- CPT Changes: *An Insider's View 2009*, Ingenix
- "2009 CPT & OPPS Changes", presentation by Sandra Draper, 12/18/2008, Precyse Solutions, LLC